

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/552206 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2		1		1				52					
3		1		1				53					
4		1		1				54					
5		4		1				55					
6		0		1				56					
7		0		1				57					
8		0		1				58					
9		0		1				59					
10		0		1				60					
11		0		1				61					
12		0		1				62					
13		0		1				63					
14		0		1				64					
15		0		1				65					
16		0		1				66					
17		0		1				67					
18		0		1				68					
19		0		1				69					
20								70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		↓	1	↓		↓		TOTAL IND.		↓	↓	↓	↓
TOTAL DEP.		←	18	←		←		TOTAL DEP.		←	←	←	←
TOTAL CLAIMS		19						TOTAL CLAIMS					

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